



State of Utah

Department of
Environmental Quality

Richard W. Sprott
Executive Director

DIVISION OF WATER QUALITY
Walter L. Baker, P.E.
Director

JON M. HUNTSMAN, JR.
Governor

GARY HERBERT
Lieutenant Governor

December 18, 2007

Mr. Mike Davis, Mine Engineer
Canyon Fuel Company, LLC - SUFCO Mine
397 South 800 West
Salina, Utah 84654

Jaconing
c/04/0002 JK

Dear Mr. Davis:

Subject: UPDES Permit No. UT0022918, Compliance Evaluation
Inspection.

Attached are the results of the UPDES Compliance Evaluation Inspection conducted by Division of Water Quality staff at the SUFCO Mine facility on December 4, 2007. No deficiencies were observed and no response is required at this time.

Thank you for your time facilitating the inspection. If you have any questions or comments, please contact me at (801) 538-6779 or by e-mail at jstudenka@utah.gov.

Sincerely,

Jeff Studenka

Jeff Studenka, Environmental Scientist
UPDES IES Section

Enclosures

cc: Jennifer Meints, EPA Region VIII (w/encl)
Bruce Costa, Central Utah Health Dept. (w/encl)
Roger Foisy, DEQ District Engineer (w/encl)
Pam Grubaugh-Littig, Division of Oil Gas & Mines (w/encl)
Mike George, DWQ (stormwater 3560 only)

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United States Environmental Protection Agency
Washington, D.C. 20460

Water Compliance Inspection Report

Section A: National Data System Coding (i.e., ICIS)

Transaction Code [N]	NPDES [U][T][0][0][2][2][9][1][8]	yr/mo/day [0][7][1][2][0][4]	Inspection Type [C]	Inspector [S]	Fac. Type [2]
1	2	3	11	12	17
Remarks					
21					
66					
Inspection Work Days [] [] [3]	Facility Self-Monitoring Evaluation Rating [5]	BI [D]	QA [N]	Reserved	
67	69	70	71	72	73 74 75 80

Section B: Facility Data

Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number) CANYON FUEL CO. SUFCO MINE approx. 10 NE of I-70, exit 73, up Convulsion Canyon Sevier County, UT	Entry Time/ Date 10:00 am / 12-4-07	Permit Effective Date 5-1-2006
	Exit Time/ Date 11:20 / 12-4-07	Permit Expiration Date 4-30-2011
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Mike Davis, Environmental Engineer (435) 286-4421	Other Facility Data (e.g., SIC NAICS, and other descriptive information) SIC Code 1222, NAICS 212112, bituminous coal underground mining.	
Name, Address of Responsible Official/Title/Phone and Fax Number Ken May, General Manager 397 South 800 West Salina, UT 84654 (435) 286-4880	See attachments.	
Contacted <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Section C: Areas Evaluated During Inspection (Check only those areas evaluated)

<input checked="" type="checkbox"/> Permit	<input checked="" type="checkbox"/> Self Monitoring Program	<input type="checkbox"/> Pretreatment	<input type="checkbox"/> MS4
<input checked="" type="checkbox"/> Records/Reports	<input type="checkbox"/> Compliance Schedule	<input type="checkbox"/> Pollution Prevention	
<input checked="" type="checkbox"/> Facility Site Review	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Storm Water	
<input checked="" type="checkbox"/> Effluent/Receiving Waters	<input checked="" type="checkbox"/> Operations & Maintenance	<input type="checkbox"/> Combined Sewer Overflow	
<input checked="" type="checkbox"/> Flow Measurement	<input type="checkbox"/> Sludge Handling/Disposal	<input type="checkbox"/> Sanitary Sewer Overflow	

Section D: Summary of Findings/Comments

(Attach additional sheets of narrative and checklists, including Single Event Violation codes, as necessary)

SEV Codes	SEV Description
[] [] [] [] []	
[] [] [] [] []	
[] [] [] [] []	
[] [] [] [] []	

Name(s) and Signature(s) of Inspector(s) Jeff Studenka, Environmental Scientist <i>Jeff Studenka</i>	Agency/Office/Phone and Fax Number(s) DWQ (801) 538-6779	Date: 12-18-07
Name and Signature of Management Q A Reviewer Mike Herkimer, Manager UPDES IES Section <i>Mike Herkimer</i>	Agency/Office/Phone and Fax Number(s) DWQ (801) 538-6058	Date: 12/20/07

INSPECTION PROTOCOL

UPDES Permit #: UT0022918
Inspection Type: Compliance Evaluation Inspection
Inspection Date: December 4, 2007

Jeff Studenka of the Division of Water Quality (DWQ) met with Mike Davis of Canyon Fuel Company's SUFCO Mine. The purpose and scope of the inspection were explained, the EPA Region 8 NPES Inspection Checklist was completed, and a brief facility tour was conducted.

FACILITY DESCRIPTION

Location: Approximately 10 miles NE of I-70, from exit 73 in Sevier County, Utah.

Coordinates: Outfall 001 (mine water) – 38° 54' 54" latitude, -111° 24' 54" longitude
Outfall 002 (sed. pond) – 38° 54' 52" latitude, -111° 24' 58" longitude
Outfall 003 (mine water) – 38° 57' 26" latitude, -111° 23' 06" longitude

Average Flow: ~5 MGD from outfall 003, ~0.03 MGD from 002, (No Discharges from 001).

Receiving water: Quitchupah Creek.

Process: This is an active underground coal mining operation utilizing long-wall technology. Water from the mine is conveyed to a below ground settling pond areas and pump stations, where it is then piped out of the mine and continuously discharged to Quitchupah Creek (Outfall 003). Surface water runoff is conveyed to an above ground settling pond (002) that discharges on a regular basis. Outfall 001 has not discharge in many years and it is not expected to discharge in the foreseeable future.

INSPECTION SUMMARY

There were no deficiencies noted during the last Compliance Evaluation Inspection for follow up. The facility tour was limited to above-ground activities, therefore outfall 003 was not observed during this inspection. Outfall locations 001 & 002 and the sedimentation pond were observed as well as the receiving waters of Quitchupah Creek. DMR forms were reviewed for the month of February 2007 and determined to be accurate and complete. There were no deficiencies observed.

DEFICIENCIES

No deficiencies with respect to the UPDES permit were noted during the inspection.

REQUIREMENTS

None.



United States Environmental Protection Agency
Washington, D.C. 20460

Water Compliance Inspection Report

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Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s)	Other Facility Data (e.g., SIC NAICS, and other descriptive information)	
Mike Davis, Environmental Engineer (435) 286-4421	SIC Code 1222, bituminous underground coal mining. The SWPPP is on site and was last updated in November 2006. The SW permit provisions have been incorporated into the UPDES permit, effective 5/1/2006.	
Name, Address of Responsible Official/Title/Phone and Fax Number	Contacted	
Ken May, General Manager 397 South 800 West Salina, UT 84654 (435) 286-4880	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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Name(s) and Signature(s) of Inspector(s)	Agency/Office/Phone and Fax Number(s)	Date:
Jeff Studenka, Environmental Scientist 	DWQ (801) 538-6779	12-18-07
Name and Signature of Management Q A Reviewer	Agency/Office/Phone and Fax Number(s)	Date:
Mike Herkimer, Manager UPDES IES Section 	DWQ (801) 538-6058	12/20/07

USEPA REGION 8 NPDES INSPECTION CHECKLIST

NPDES PERMIT #: UT0022918INSPECTION DATE: 1-4-07FACILITY: SUFco (Major Industrial)

Mike Davis - ENV. ENG.
at site 10:05 am
off site 11:25 am

I. PERMIT VERIFICATION

YES NO Inspection observations verify information contained in permit.

☒ Yes ☐ No N/A

1. Current copy of permit on site.

☒ Yes ☐ No N/A

2. Name, mailing address, contact, and phone number are correct in PCS. If not, indicate correct information on Form 3560.

3. Brief description of the wastewater treatment plant:

Same as before - Coal Mine dewatering consisting of pumps + piping
to underground settling areas prior to discharge via outfall 003.

☒ Yes ☐ No N/A

4. Facility is as described in permit. If not, what is different? _____

☐ Yes ☒ No N/A

5. EPA/State has been notified of any new, different, or increased loading to the WWTP.

☒ Yes ☐ No N/A6. Number and location of discharge points are as described in the permit. 3☒ Yes ☐ No N/A7. Name of receiving water(s) is/are correct. Quitchman Creek

Comments:

II. RECORDKEEPING AND REPORTING EVALUATION

YES NO

Records and reports are maintained as required by permit.

☒ Yes ☐ No N/A

1. All required information is current, complete, and reasonably available.

☒ Yes ☐ No N/A

2. Information is maintained for the required 3 year period.

3. Sampling and analysis data are adequate and include:☒ Yes ☐ No N/A

a. Dates, times, locations of sampling.

☒ Yes ☐ No N/A

b. Initials of individual performing sampling.

☒ Yes ☐ No N/A

c. Referenced analytical methods and techniques in conformance with 40 CFR Part 136.

☒ Yes ☐ No N/A

d. Results of analyses and calibration.

☒ Yes ☐ No N/A

e. Dates of analyses (and times if required by permit).

☒ Yes ☐ No N/A

f. Initials of person performing analyses.

☒ Yes ☐ No N/A

g. Instantaneous flow at grab sample stations.

☒ Yes No N/A 4. Sampling and analysis completed on parameters specified in permit.

☒ Yes No N/A 5. Sampling and analysis done in frequency specified by permit.

Comments:

☒ YES NO DMR completion meets the self-monitoring reporting requirements.

Yes ☒ No N/A 1. Monitoring for required parameters is performed more frequently than required by permit. Parameter(s) _____

☒ Yes No N/A 2. Analytical results are consistent with the data reported on the DMRs.

☒ Yes No N/A 3. All data collected are summarized on the DMR.

☒ Yes No N/A 4. Monthly, weekly, and/or daily average loading values are calculated properly and reported on the DMR. (Effluent loadings are calculated using effluent flow.)

es No ☒ N/A 5. The geometric mean is calculated and recorded for fecal coliform data.

☒ Yes No N/A 6. Weekly and monthly averaging is calculated properly and reported on the DMR.

☒ Yes No N/A 7. The maximum and minimum values of all data points are reported properly.

☒ Yes No N/A 8. The number of exceedances column (No. Ex.) is completed properly.

Comments:

Feb. 2007 DMR audited. No deficiencies observed.

WHOLE EFFLUENT TOXICITY TESTING AND REPORTING

☒ NO WET sampling by permittee adequate to meet the conditions of the permit.

- ☒ No
- Chain of custody used.
 - Method of shipment and preservation adequate (iced to 4°C).
 - Type of sample collected Comp. (as required by permit).
 - Holding time met (received w/in 36 hours).

☒ No N/A 2. Lab reports/chain of custody sheets indicate temperature of sample at receipt by lab.
a. Indicate temperature 4°C

☒ No N/A 3. Permittee has copy of the latest edition of testing methods or Region 8 protocol. (Latest version is July 1993 - Colorado has its own guidance.)

☒ No N/A 4. Permittee reviews WET lab reports for adherence to test protocols.

☒ No N/A 5. Lab has provided quality control data, i.e., reference toxicant control charts.

Yes No ☒ N/A

6. Permittee has asked lab for QC data. *included w/ reports*

☒ Yes No N/A

7. Permittee maintains copies of WET lab reports on site for required 3 year period, and makes them available for review by inspectors.

☒ Yes No N/A

8. Evaluation and review of WET data by permittee adequate such that no follow up at lab is necessary. *(Follow up to be conducted by EPA and/or State.)*

Comments:

IV. FACILITY SITE REVIEW

☒ YES NO

Treatment facility properly operated and maintained.

☒ Yes No N/A

1. Standby power or other equivalent provision is provided. Specify type:

1- diesel gen for fan power

☒ Yes No N/A

2. Facility has an alarm system for power or equipment failures. What kind of problems has the facility experienced due to power failures? *it power off for*

extended times then water idled in sumps/pumps caused elevated total TSS concentrations.

Yes No ☒ N/A

3. Treatment control procedures are established for emergencies.

Yes No ☒ N/A

4. Facility can be by-passed (internal, collection system, total). Describe by-pass procedures:

Yes No ☒ N/A

5. Regulatory agency was notified of any bypassing (treated and/or untreated).

Dates: _____

Yes No ☒ N/A

6. WWTP has adequate capacity to ensure against hydraulic and/or organic overloads.

Yes No ☒ N/A

7. All treatment units, other than back-up units, are in service. If not, what and why?

☒ Yes No N/A

8. O&M manual available and up-to-date.

☒ Yes No N/A

9. Procedures for plant O&M, including preventive maintenance schedules, are established and performed on time.

☒ Yes No N/A

10. Adequate spare parts and supplies inventory (including flow meters) are maintained, as well as major equipment specifications and/or repair manuals.

☒ Yes No N/A

11. Up-to-date maintenance and repair records are kept for major pieces of equipment.

12. Number of qualified operators and staff.

How many?

Certification Level

N/A

_____	_____
_____	_____
_____	_____

Yes No N/A

13. Certification level meets State requirement?

14. What procedures or practices are used to train new operators? _____

V. SAFETY EVALUATION

YES NO Facility has the necessary safety equipment.

Yes No N/A

1. Procedures are established for identifying out-of-service equipment. What are they?

Lock out / Tag out

Yes No N/A

2. Personal protective clothing provided (safety helmets, ear protectors, goggles, gloves, rubber boots with steel toes, eye washes in labs).

Yes No N/A

3. Laboratory safety devices (eyewash and shower, fume hood, proper labeling and storage, pipette suction bulbs) available.

Yes No N/A

4. Plant has general safety structures such as rails around or covers over tanks, pits, or wells. Plant is enclosed by a fence.

Yes No N/A

5. Portable hoists for equipment removal available.

Yes No N/A

6. All electrical circuitry enclosed and identified.

Yes No N/A

7. Chlorine safety is adequate and includes: No Cl₂

- a. NIOSH-approved 30-minute air pack.
- b. All standing chlorine cylinders chained in place.
- c. All personnel trained in the use of chlorine.
- d. Chlorine repair kit.
- e. Chlorine leak detector tied into plant alarm system.
- f. Ventilation fan with an outside switch.
- g. Posted safety precautions.

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

8. Warning signs (no smoking, high voltage, nonpotable water, chlorine hazard, watch-your-step, and exit) posted.

Yes No N/A

9. Gas/explosion controls such as pressure-vacuum relief valves, no smoking signs, explosimeters, and drip traps present near anaerobic digesters, enclosed screening or degritting chambers, and sludge-piping or gas-piping structures.

Yes No N/A

10. Emergency phone numbers listed.

- Yes No N/A 11. Plant is generally clean, free from open trash areas.
- Yes No N/A 12. MSDS sheets, if required, are accessible by employees.

Comments:

VI. FLOW MEASUREMENT

YES NO FLOW MEASUREMENT MEETS THE REQUIREMENTS AND INTENT OF PERMIT

A. PRIMARY EFFLUENT FLOW MEASUREMENT

1. General

Type of primary flow measurement device: Rect. wter

- Yes No N/A 1. Primary flow measuring device is properly installed and maintained.
Where? just prior to outfalls (002 + 003)
- Yes No N/A 2. Flow measured at each outfall. Number of outfalls: 3
3. Frequency of routine inspection of primary flow device by operator:
2/day. month or more
4. Frequency of routine cleaning of primary flow device by operator:
1/week. as needed
- Yes No N/A 5. Influent flow is measured before all return lines.
- Yes No N/A 6. Effluent flow is measured after all return lines.
- Yes No N/A 7. Proper flow tables are used by facility personnel.
8. Design flow: 55 mgd.
- Yes No N/A 9. Flow measurement equipment adequate to handle expected ranges of flow rate.

2. Open Channel Primary Flow Measuring Devices

Flumes

Type and size: N/A EFF

- Yes No N/A 1. Flume is located in a straight section of the open channel, without bends immediately upstream or downstream.
- Yes No N/A 2. Flow entering flume appears reasonably well distributed across the channel and free of turbulence, boils, or other distortions.
- Yes No N/A 3. Flume is clean and free of obstructions, debris or deposits.
- Yes No N/A 4. All dimensions of flume accurate and level.

- Yes No N/A 5. Sides of flume throat are vertical and parallel.
- Yes No N/A 6. Side walls of flume are vertical and smooth.
- Yes No N/A 7. Flume head is being measured at proper location. (Location dependent on flume type - see NPDES Compliance Inspection Manual or ISCO book.)
- Yes No N/A 8. Flume is under free flow conditions at all times. (Flume is not submerged.)

Weirs

Type: 002 - V-notch EFF not evaluated this inspection, no changes.
003 - Rectangular

- Yes No N/A 1. Weir is level.
- Yes No N/A 2. Weir plate is plumb and its top edges are sharp and clean.
- Yes No N/A 3. Downstream edge of weir is chamfered at 45°.
- Yes No N/A 4. There is free access for air below the nappe of the weir.
- Yes No N/A 5. Upstream channel of weir is straight for at least four times the depth of water level, and free from disturbing influences.
- Yes No N/A 6. Distance from sides of weir to side of channel at least 2H.
- Yes No N/A 7. Area of approach channel at least 8 x nappe area for upstream distance of 15H. (If not, is velocity of approach too high?)
- Yes No N/A 8. Weir is under free-flow conditions at all times. (Weir is not submerged.)
- Yes No N/A 9. The stilling basin of the weir is of sufficient size and clear of debris.
- Yes No N/A 10. Head measurements are properly made by facility personnel.
- Yes No N/A 11. Weir is free from leakage.

3. Closed Channel Primary Measuring Devices

Electromagnetic Meters

Type and model: n/a EFF

- Yes No N/A 1. There is a straight length of pipe or channel before and after the flowmeter of at least 5 to 20 diameters.
- Yes No N/A 2. There are no sources of electric noise in the near vicinity.
- Yes No N/A 3. Magnetic flowmeter is properly grounded.
- Yes No N/A 4. Full pipe requirement is met.

Centuri Meters

Type and model: n/a EFF

Yes No N/A 1. Venturi meter is installed downstream from a straight and uniform section of pipe?

B. Secondary Flow Measurement n/a

1. General

1. What are the most common problems that the operator has had with the secondary flow measurement device? _____

Yes No N/A

2. Flow records properly kept.

Yes No N/A

a. All charts maintained in a file.

Yes No N/A

b. All calibration data kept.

Yes No N/A

3. Secondary device calibration records are kept.

a. Frequency of secondary device calibration: _____ / year.

Yes No N/A

4. Frequency of flow totalizer calibration: _____ / year.

5. Secondary instruments (totalizers, recorders, etc.) are properly operated, calibrated, and maintained.

Floats n/a

Type and model: _____ EFF

Bubblers n/a

Type and model: _____ EFF

Ultrasonic n/a

Type and model: _____ EFF

Electrical n/a

Type and model: _____ EFF

Comments:

2. Flow Verification

Accuracy of Flow Measurement (Secondary against Primary) <i>n/a</i>	
	Type and size of primary device
	EFF:
Reading from primary standard, feet and inches	
Equivalent to actual flow, mgd	
Facility-recorded flow from secondary device, mgd	
Percent Error	
Correction Factor	

Fill in above only if the primary device has been correctly installed, or if correction factor is known.

Comments: *n/a*

VII. LABORATORY QUALITY ASSURANCE

YES NO Laboratory procedures meet the requirements and intent of the permit.

☒ Yes ☐ No ☐ N/A 1. Commercial laboratory is used.

Parameters	<i>All but pH</i>
Name	<i>SGS Labs in Huntington & WET labs</i>
Address	<i>on file</i>
Contact	<i>"</i>
Phone	<i>"</i>

☒ Yes ☐ No ☐ N/A 2. According to the permittee, commercial laboratory is State certified (ND & UT only).

☒ Yes ☐ No ☐ N/A 3. Written laboratory quality assurance manual is available, if the facility does its own lab work. *pH only*

☒ Yes ☐ No ☐ N/A 4. Quality control procedures are used. Specify: *pH calibrations, standards, & sludge*

☒ Yes ☐ No ☐ N/A 5. Calibration and maintenance of laboratory instruments and equipment is satisfactory. *(pH only)*

☒ Yes ☐ No ☐ N/A 6. Samples are analyzed in accordance with 40 CFR 136.

☒ Yes ☐ No ☐ N/A 7. Results of last DMR/QA test available. Date: _____

☒ Yes ☐ No ☐ N/A 8. Facility lab does analyses for other permittees. If yes, list the facilities and their permit numbers.

VIII. COMPLIANCE SCHEDULE STATUS REVIEW

YES NO

The permittee is meeting the compliance schedule

1. Is the facility subject to a compliance schedule either in its permit or in an order? If facility is subject to an order, note docket number: _____

N/A

2. What milestones remain in the schedule? _____

(Attach additional sheets as necessary.)

Yes No N/A

3. Facility is in compliance with unachieved milestones.

Yes No N/A

4. Facility has missed milestone dates, but will still meet the final compliance date.

IX. PERMITTEE SAMPLING EVALUATION

YES NO

Sampling meets the requirements and intent of the permit.

Yes No N/A

1. Samples are taken at sampling location specified by permit.

Yes No N/A

2. Locations are adequate for representative samples.

Yes No N/A

3. Flow proportioned samples are obtained. (WET)

Yes No N/A

4. Permittee is using method of sample collection required by permit.

Required method: Grab/very?

If not, method being used is:

() Grab

() Manual

() Automatic composite

Yes No N/A

5. Sample collection procedures adequate and include:

Yes No N/A

a. Sample refrigeration during compositing.

Yes No N/A

b. Proper preservation techniques.

Yes No N/A

c. Containers in conformance with 40 CFR 136.3.

Yes No N/A

Specify any problems: _____

Comments:

Facility appears to be very well maintained and organized.
No deficiencies identified.

ATTACHMENT A - PRE-INSPECTION WET FILE REVIEW

NPDES PERMIT #: VT0022918INSPECTION DATE: 12-4-07FACILITY: Sufed Mine

Background

☒ Yes ☐ No 1. Are species required by permit used? Indicate below.

☒ *Daphnia magna*
☒ *Ceriodaphnia dubia*
☐ *Pimephales promelas* (fathead minnow)

☒ Yes ☐ No ☐ N/A 2. Has approval for alternating species been granted?

3. Test type

☐ Chronic
☒ Acute
☐ Both

4. Dilution water source: Lab Water

☒ Yes ☐ No ☐ N/A
☐ Yes ☐ No ☒ N/A

a. meets EPA requirements
b. if reconstituted, is water same hardness as receiving water?

Yes ☒ No ☐ N/A 5. Any modification authorization?

☐ CO2 headspace
☐ chronic sampling frequency
☐ dechlorination
☐ zeolite resin (ammonia removal)

☒ Yes ☐ No ☐ N/A 6. Results indicate absence of toxicity? If not, indicate dates of failure and species:

Dates	Species
_____	_____
_____	_____
_____	_____
_____	_____

Yes No N/A

7. Evidence of accelerated testing if toxicity present?

Yes No N/A

8. TIE/TRE in progress?

9. What is sampling frequency for routine testing? _____

Yes No N/A

10. WET lab certified/inspected by State? (*Utah is developing a certification program for WET and has made some visits to labs.*)

Identity of WET lab used: WET Labs, Inc.

Contact Name Lee Rawlings

Phone Number on file

Address "

Review of WET Lab Reports

Yes No N/A

1. Report format meets EPA Methods requirements?
(see Weber et al., 1988, 1989)

Yes No N/A

2. Does lab report indicate which statistical method was used for chronic tests? (Region 8 and Colorado protocols)

Yes No N/A

4. Does permittee submit complete WET lab report to EPA/State?

Summary of problems identified above:

None.